

SB-6491

RETURN TO: ISLAND TITLE CO.



# MANUFACTURED HOME APPLICATION

Please check one

- TITLE ELIMINATION (Complete all but section 3, below)
- TRANSFER IN LOCATION (Complete ALL sections below)
- REMOVAL FROM REAL PROPERTY (Complete all but section 4, below)

4412120120

RECORDER'S CLOCK JERRY MCINTURFF SKAGIT COUNTY AUDITOR 94 DEC 12 P 4:04	FILED AT THE REQUEST OF: NAME  ADDRESS
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<b>1 MANUFACTURED HOME</b>			
TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH
	1994	Fleetwood	28/66
VEHICLE IDENTIFICATION NUMBER (VIN)		WAFLR31AB12071WC	

**2 LAND**  
Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732).  
Manufactured home will be  AFFIXED  REMOVED

PROPERTY TAX PARCEL NUMBER: 507-000-003-0007

**3 TITLE COMPANY CERTIFICATION**  
I certify that the legal description of the land and ownership is true and correct per the real property records.

NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE	DATE
		X	

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

**4 BUILDING PERMIT OFFICE CERTIFICATION**  
I certify that the manufactured home has been affixed to the real property as described, or a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE PHONE #	BLDG PERMIT #
Jody Ann Goodman	X Jody Ann Goodman	336-9410	94-1438
			DATE
			10/13/94

**5 OWNER INFORMATION**

COUNTY # INC UNINC	# REGISTERED OWNERS	# LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	FEES																	
				FILING FEE																	
NAME OF FIRST OWNER				APPLICATION																	
AEMMER, RICHARD N.																					
NAME OF SECOND OWNER				MOBILE HOME FEES																	
AEMMER, DIANE M.																					
ADDRESS OF OWNER				ELIMINATION																	
57 CAIN LAKE ROAD				USE TAX																	
CITY	STATE	ZIP CODE	--OR-- if the owner is a business, provide the United Business Identifier (UBI), found on the Business Registration & Licenses Document.	SUB-AGENT FEES																	
SEDRO WOOLLEY	WA	98284																			
NAME OF FIRST LEGAL OWNER*				TOTAL FEES & TAX																	
THE MORTGAGE AUTHORITY																					
MAILING ADDRESS OF FIRST LEGAL OWNER				\$																	
11400 SE 8TH STREET, SUITE 200																					
CITY				DEALER'S REPORT OF SALE																	
BELLEVUE																					
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT OF TERMINATION OF TITLE COMPANY FROM REAL PROPERTY <input checked="" type="checkbox"/>				I certify that this information is correct. The vehicle is clear of encumbrances except as shown.																	
<table border="1"> <tr> <td>VA DLR NO</td> <td>DATE OF SALE</td> <td>PURCHASE PRICE</td> </tr> <tr> <td>4423</td> <td>12-7-94</td> <td>\$58,000.00</td> </tr> <tr> <td>DEALER NAME</td> <td colspan="2">TAX JURISDICTION/TAX RATE</td> </tr> <tr> <td>EVERGREEN HOME CENTER</td> <td colspan="2">.082</td> </tr> <tr> <td colspan="3">DEALER'S AUTHORIZED SIGNATURE</td> </tr> <tr> <td colspan="3">X KAREN JUSSEL</td> </tr> </table>					VA DLR NO	DATE OF SALE	PURCHASE PRICE	4423	12-7-94	\$58,000.00	DEALER NAME	TAX JURISDICTION/TAX RATE		EVERGREEN HOME CENTER	.082		DEALER'S AUTHORIZED SIGNATURE			X KAREN JUSSEL	
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X KAREN JUSSEL																					

Anyone who knowingly makes a false statement of a material fact is guilty of a felony and upon conviction may be punished by a fine of up to \$5,000 and 5 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THE INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):

X Robert N. Hoodiman

X Diane M. Aemmer

X Robert D. Hoodiman

NOTARY OR LICENSE AGENT & NUMBER: X ROBERTA N. HOODIMAN

SUBSCRIBED TO AND SWORN BEFORE ME THIS: 12TH DAY OF DECEMBER, 1994

Residing in (County): SKAGIT BURLINGTON

**6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)**  
I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.

NAME	SIGNATURE	OFFICE/VFS OPERATOR NUMBER	DATE
T Conover	X T Conover	7901-11	12-12-94

9412120120

BK 1397 PG 04 11



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT  
**LEGAL DESCRIPTION OF LAND**

This form is to be used when there is not sufficient room on TD-420-729, TD-420-730, or TD-420-731 to provide the legal description of the land. This form must be recorded with the Manufactured Home Form, and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type of application:  Title Elimination  
 Removal From Real Property  
 Transfer In Location

Land: Property Tax Parcel Number WAFLR31AB12071WC

Legal Description:

LOT 3, PLAT OF SILVER CREEK EXTENSION DIV. NO. 1, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 14 OF PLATS, PAGES 69 AND 70, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Recording Office of County in Which Real Property Is Located  
I certify that this form has been recorded in the county records.

NAME SIGNATURE COUNTY DATE RECORDING NUMBER

BK 1397 PG 0418

9412120120